

**WASTE DISCHARGE REQUIREMENTS
FOR DISCHARGES FROM IRRIGATED AGRICULTURAL LANDS
ORDER NO. R4-2023-XXXX**

APPENDIX 7

NOTICE OF TERMINATION

Instructions: Please print or type in black ink. If an individual discharger or individual participant in a Discharger Group wishes to terminate coverage under the Waste Discharge Requirements for Irrigated Lands, the discharger must submit this Notice of Termination form and any required supporting documentation. A site visit may be conducted by Los Angeles Water Board staff after or prior to submission of this form (Section 3). This form must be signed to be valid (Section 5). The Notice of Termination form must be reviewed and approved by the Los Angeles Water Board Executive Officer. All discharges must cease (or be regulated by another program) before the date of termination.

SECTION 1: ENROLLMENT INFORMATION	
Name	Business or Farm Name
Mailing Address	
Email Address	Phone
<input type="checkbox"/> Landowner	<input type="checkbox"/> Lessee
If checked Lessee, provide Landowner Name	
Pesticide Use Permit Number (operator ID number)	

SECTION 2: REASON FOR TERMINATION	
<input type="checkbox"/> Acreage no longer in production	<input type="checkbox"/> Property area is generally agriculture, but specific parcel is not a cropped area (i.e. well, house, road easement, storage)
<input type="checkbox"/> Other reasons (please explain)	

SECTION 3: ADDITIONAL INFORMATION**(USE THE SPACE BELOW, OR ATTACH ADDITIONAL MATERIAL, TO CLARIFY ANY RESPONSE OR PROVIDE ADDITIONAL INFORMATION.)****SECTION 4: LOS ANGELES WATER BOARD STAFF SITE VISIT**

Date of Site Visit:

Staff Name(s):

Parcel ID and property address to be
removed from Discharger Group or
Individual Enrollment:

Notes:

SECTION 5: CERTIFICATION

"I certify under penalty of law that to the best of my knowledge and belief, this document and any attachments submitted are, true, accurate, and complete and were prepared by me or under my direction or supervision. I am aware that there are significant penalties for knowingly submitting false information. I am aware that all discharges must cease before the date of termination, and any discharges on or after that date shall be considered in violation of the California Water Code, unless the discharge is regulated by another conditional waiver or other waste discharge requirements."

Printed Name:

Title:

Signature:

Date:

FORM SUBMITTAL

Send the completed Notice of Termination and any supporting documents to:

California Regional Water Quality Control Board, Los Angeles Region
ATTN: Irrigated Lands Regulatory Program
320 W. 4th Street, Suite 200
Los Angeles, CA 90013

Assistance with this form may be obtained by contacting the Los Angeles Water Board
Phone: (213) 576-6600

FOR REGIONAL BOARD USE ONLY	
Termination documents reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site visit conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site visit memo attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Memo summarizing reason for termination attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Signature:	
Executive Officer Signature:	
Date of Termination:	